

Child and Adult Care Food Program

Income Eligibility Guidance for

Child Care Centers



July 2002

Missouri Department of Health and Senior Services
Division of Nutritional Health and Services
Bureau of Community Food and Nutrition Assistance
P.O. Box 570
Jefferson City, MO 65102
Telephone: 800-733-6251

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**CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY GUIDANCE FOR CHILD CARE CENTERS**

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General Information

Meal reimbursement to child care centers is based upon the claiming status of each child participating at the center. The claiming status is determined by obtaining family size and household income data from parents or legal guardians of the child(ren) and comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the child is classified as free, reduced, or paid.

Important points to remember are:

- ✓ Income Eligibility Forms (IEFs) must be on file at the center for **all** children claimed for free and reduced-price meals (including Division of Family Services vendor children and foster children). If a parent or legal guardian does not choose to complete the income eligibility form, then the child must be claimed as paid.
- ✓ The IEFs for all children are effective for one year. A new IEF must be obtained each year. It is recommended that the income information be obtained at the same time each year for all children. An ideal time would be in July or August when the new income guidelines are issued or when the center conducts re-enrollment. Do not white-out a date or reuse a completed form.
- ✓ If the IEF is completed by the parent or guardian before the actual date of enrollment, the center should collect a new IEF from the parents if more than two months have lapsed. For example, Johnny Jones' parents completed the IEF in January 2001. However, Johnny did not enroll and start attending the center until May 2001. A new IEF should be completed for Johnny for the time when he actually started attending the center since more than two months lapsed between the completion of the form and the actual enrollment date.
- ✓ The center must review, sign, and date the IEF as soon as it is received from the parent. Failure to do so will result in a reclassification of the child from the free or reduced category to the paid category.
- ✓ The parent letter on page 5 and the instructions on page 6 must be given to the parent with the IEF. Center may copy the instructions on the back of the letter. This letter and the instructions provide required information for completing the form to the parent. This letter is updated each year. Be sure to use the most current parent letter with the IEF.
- ✓ The income eligibility guidelines are updated each year. When reviewing the IEFs, use the most current income guidelines.
- ✓ Centers may not re-evaluate IEFs when new income guidelines are issued in July of each year. For example, if a parent completes an IEF in January, eligibility will be based on income guidelines issued in July of the previous year. When the new

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income guidelines are issued the following year, the center may not re-evaluate the IEF completed in January using the new income guidelines. The eligibility must continue to be based on the income guidelines in effect at the time the form was initially reviewed. The only way the new income guidelines can be applied is if the parent completes a new IEF in July of each year.

- ✓ If, during a monitoring review, it is found that children were incorrectly classified, the center will have to refund money to the Child and Adult Care Food Program. Therefore, it is very important that you review the IEFs carefully.
- ✓ If application is being made for a foster child, the application should have the child's name, the child's "personal use" income, and the signature and date of the adult completing the form. A separate IEF should be completed for each foster child.
- ✓ Income information must be kept confidential.
- ✓ The IEFs must be kept for three years after the date the final claim for the fiscal year was submitted. If audit findings have not been resolved, the IEFs must be kept as long as necessary to resolve the issues raised by the audit.

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Head Start and Early Head Start Centers Only

Children enrolled in Head Start, who are funded by the U.S. Department of Health and Human Services Head Start grant award, are automatically eligible for free meal reimbursement in the CACFP. The Head Start agency is not required to collect, or maintain on file, an IEF for children who are funded by this grant. The Head Start agency must have documentation available to substantiate the child's eligibility for Head Start. The state of Missouri funds additional Head Start slots in order to improve program access. These slots are not part of the Head Start Program authorized under the Head Start Act, however, they may still be eligible for free meal reimbursement under certain conditions. Check with the Department of Health and Senior Services to determine if state funded Head Start slots are automatically eligible.

Furthermore, Head Start Program regulations require that at least 90% of the children who are enrolled in each Head Start Program must be from low-income families. This means that up to 10% of the children may be from families that do not meet the income guidelines for free or reduced-price meals.

For children enrolled in Head Start who are not funded under the Head Start grant or who do not meet the income guidelines for free or reduced-price meals, the Head Start agency must collect an IEF to determine the child's claiming classification, or the child must be claimed in the paid category.

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Even Start Programs Only

Children participating in an Even Start Family Literacy Program are categorically eligible for free meal benefits. This means they can be claimed for free meal benefits without obtaining household income documentation from the parent(s) or guardian(s) of the child. In order for the Even Start child to be eligible for free meals, however, the following criteria must be met:

1. The school or institution that is providing the child with Even Start services must be participating in the CACFP.
2. The child must be enrolled as a participant in a federally-funded Even Start Family Literacy Program.
3. The child must be at the pre-kindergarten level. Once a child has entered kindergarten, that child loses his or her categorical eligibility for free meals. Also, categorical eligibility does not apply to other family members.

To establish categorical eligibility for Even Start children, the child care facility must document the child's participation in the federally-funded Even Start Program. Documentation can include:

- An approved Even Start application for the child's family; or
- A statement of enrollment in Even Start; or
- A list of children participating in Even Start.

Confirmation that the child has not yet entered kindergarten must also be included in the documentation from the Even Start official.

When a child is no longer eligible for free meals under the Even Start Program, the child's family must be given the opportunity to apply for free and reduced price meals using the application materials and IEF provided in this packet. The child care facility is responsible for providing the family with instructions on how to apply for free meal benefits.

**Child and Adult Care Food Program
Parent Letter – Nonpricing Child Care Centers**

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below Federal income guidelines, your child may be eligible for free or reduced-price meals.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$16,391	5	\$39,183
2	\$22,089	6	\$44,881
3	\$27,787	7	\$50,579
4	\$33,485	8	\$56,277
		For each additional	+5,698

To apply for free or reduced-price meal benefits, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. You must notify the center when any of the following conditions occur:

- ✓ Family member(s) of the household become unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment;
- ✓ Household income increases or decreases more than \$50 per month or \$600 per year;
- ✓ Household size changes; or
- ✓ Temporary Assistance or food stamp benefits to a child have been approved or terminated.

In the operation of the child feeding programs, no child will be discriminated against because of race, color, sex, age, disability, or national origin. If you believe you have been treated unfairly in receiving food services for any of these reasons, write immediately to the Secretary of Agriculture, Washington, D.C. 20250.

Sincerely,

Instructions for Completing the Income Eligibility Form (IEF)

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children in the household for whom the application is made.
- Indicate the birth date of the child.
- If you are applying for a **foster child**, the application must have only the child's name in parts 1 and 2, the child's "personal use" income, your signature, and the date. No other family members or income should be listed. Only one foster child per form. A foster child may be eligible for free or reduced-price meals regardless of household income.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or food stamps, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you do not list a food stamp or Temporary Assistance case number for all of your children enrolled at the center, you must complete parts 2 and 4.

PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # provided above

- List all members of the household.
- A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before tax and other deductions.
- Foster children are to be listed in both Part 1 and Part 2 of the IEF. Only the foster child's "personal use" income is listed. Personal use income includes:
 1. Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income.
 2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

PART 3: RACIAL ETHNIC INFORMATION-COMPLETION IS VOLUNTARY

PART 4: SIGNATURE

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or food stamp recipient, the adult signing the application must provide a social security number.
- If you do not have a social security number, write "none" in the space provided.
- Failure to provide the social security number will make the income application invalid if the child(ren) is not a food stamp or Temporary Assistance recipient.

REPORTING CHANGES - The center must be notified under the following conditions:

- ✓ Family member(s) of the household become unemployed. A child may be eligible for free or reduced-price meals during the period of unemployment;
- ✓ Household income increases or decreases more than \$50 per month or \$600 per year;
- ✓ Household size changes; or
- ✓ Temporary Assistance or food stamp benefits to a child have been approved or terminated.

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Instructions for Completing the Income Eligibility Form for Child Care Centers

1. The first and last name of the child/ren enrolled at the center must be listed on the statement. Indicate the birth date of each child enrolled at the center. Check in the appropriate box if the child is a foster child.

A foster child is the ward of a court or welfare agency placed in residence in a private household. Since the court or agency retains legal responsibility for such a child, the foster home is, in fact, an extension of that agency and the foster child is considered a family of one. As such, a foster child should be indicated as a household of one.

Income for the foster child would include:

- a. Funds received from a welfare agency which can be identified for the personal use of the child. When funds provided by the welfare agency are specified by category, i.e., only those funds that can be identified as personal use funds shall be considered as income. When such funds cannot be identified, no portion of the funds provided by the welfare agency shall be considered as income.
- b. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.

A child who is not legally designated as a foster child by virtue of being an official ward of the court and/or welfare agency, does not qualify as a "foster child" for the purposes of the CACFP. Such children are considered part of the entire family economic unit for purposes of determining eligibility in the CACFP.

2. If the parent or guardian checks that the child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF) and enters the food stamp or Temporary Assistance number, the child(ren) are automatically free and the parent does not need to complete Part 2.

Food stamp numbers have the following characteristics:

S-xxx-xxxxxxxx

The three digit portion is a county code.

Temporary Assistance numbers have the following characteristics:

C-xxx-xxxxxxxx

The three digit portion is a county code.

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At a minimum, the eight digit portion of the case number must be provided on the IEF for the child to be automatically free. If the full 8 digit number is not provided, the child will be claimed as paid unless Part 2 (Household Income) is completed and the social security number is provided.

3. If the parent or guardian did not report a food stamp or Temporary Assistance case number, they must complete all entries in Part 2 and Part 4 to determine free or reduced price eligibility.

Check that the parent or guardian listed all other household members besides the children listed in Part 1. A household is defined as a group of related or non-related individuals who are not residents of an institution or a boarding house, but who are living as one economic group.

Check that the parent or guardian listed each household member and indicated monthly income by source of current gross income before any deductions are made. Current income is defined as income received during the month prior to the application. If the prior month's income is not representative of the household's annual rate of income, the household should report projected annual income.

4. Identify the racial/ethnic category of the child. Completion of this information is not mandatory and the failure to complete this information shall not affect the classification of the child.
5. The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes. If all children enrolled for care are not Temporary Assistance or food stamp recipients, the adult signing the IEF must provide a social security number. If the adult does not have a social security number, "none" should be written in the space provided.
6. The adult household member must provide a signature, date, address, telephone number, and printed name. The IEF cannot be approved for free or reduced-price meals unless the form is signed and dated by the parent.
7. The parent/guardian must fully complete the IEF. Center personnel shall complete only the section labeled "For center use only." The income form is effective from the date the center representative reviews, signs, and dates the form.
8. Each parent/guardian shall be given the parent/guardian letter and an IEF on a yearly basis. If the parent does not return the completed form, the child shall be classified as paid.

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**Instructions for Determining Eligibility for
Free and Reduced Price Meals for Child Care Centers**

1. The IEF shall be reviewed by the authorized center personnel to determine if all portions of the application have been completed. The application is not valid if not fully completed by the parent or guardian.
2. The center personnel shall determine the child's claiming category by completing the bottom of the IEF.
3. Indicate if the eligibility status is based on the child(ren)'s income or Temporary Assistance (formerly AFDC, now funded by TANF) or food stamp participation. Check to make sure an 8 digit case number is provided if the child is a food stamp or Temporary Assistance recipient. If the child is receiving food stamps or Temporary Assistance benefits, the child is automatically eligible for free benefits. If the child/ren/ are not Temporary Assistance or food stamp recipients, then determine the household's monthly income.
4. Enter the total household size. Determine claiming status based on the income eligibility guidelines.
5. The child must be claimed as paid if:
 - ✓ The information given by the parent or guardian is incomplete;
 - ✓ The income does not meet income eligibility criteria;
 - ✓ The parent, guardian, or enrollee does not sign and date the form;
 - ✓ The social security number of the person signing the form is missing and the children were not Temporary Assistance or food stamp recipients;
 - ✓ The IEF has not been signed by authorized center personnel on or prior to the date the child is claimed as free or reduced; or
 - ✓ The Temporary Assistance or food stamp number is not a valid 8 digit number.
6. The IEF is effective for a one year period from the date the form is signed by the authorized center personnel.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility for your child(ren), fill out this form and return it to your child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving food stamps or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a food stamp case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME	BIRTH DATE	FOSTER CHILD	FOOD STAMP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all other members of the household besides the children listed in Part 1. For each household member, indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY

PART 3 RACIAL ETHNIC INFORMATION

Please check the race or ethnic identity of the participant. You are not required to answer this question.

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ YES ☐ NO

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's food stamp or Temporary Assistance case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy

of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of food stamps or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE

Monthly Income Conversion Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE:	MONTHLY INCOME:	FOOD STAMP:	TEMPORARY ASSISTANCE:
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Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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**Child and Adult Care Food Program
INCOME ELIGIBILITY GUIDELINES
July 1, 2002 – June 30, 2003**

Household Size	Free Meals – 130%				Reduced-Price Meals – 185%		
	Yearly	Monthly	Weekly		Yearly	Monthly	Weekly
1	\$11,518	\$960	\$222		\$16,391	\$1,366	\$316
2	15,522	1,294	299		22,089	1,841	425
3	19,526	1,628	376		27,787	2,316	535
4	23,530	1,961	453		33,485	2,791	644
5	27,534	2,295	530		39,183	3,266	754
6	31,538	2,629	607		44,881	3,741	864
7	35,542	2,962	684		50,579	4,215	973
8	39,546	3,296	761		56,277	4,690	1,083
For each additional family member, add:	+4,004	+334	+77		+5,698	+475	+110

Note: Only provide the income guidelines for reduced price meals to the parents.

Biweekly is determined by dividing the yearly income by 26 and by rounding it up to the next whole number if it is more than .5 and rounding down if it is less than .5.